UCSF
Newsbreak

News for the UCSF Campus Community

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Public invited to town hall meeting

The campus community is invited to speak their minds about women's health before the State Assembly's Select Committee on California's Women during a town hall meeting today, June 5, from 5 to 7 p.m., at the Laurel Heights conference center.

"The meeting is open to anyone who wants to provide testimony on the status of women's health in California," says Amy Levine, director of the UCSF Women's Resource Center. Levine has been working with Assembly Speaker pro Tempore Sheila Kuehl, who serves as committee chair, on setting the agenda.

Established to receive evidence on the impact of laws on the lives of women and girls and to report on its findings, the Assembly committee will also hold a public hearing today, from 9 a.m. to 5 p.m., at Laurel Heights.

Scheduled speakers from UCSF are Lynn E. Ponton, professor of clinical psychiatry, Kathryn A. Lee, associate professor of family health nursing and Pilar Bernal de Pheils, assistant clinical professor of family health nursing.

Chris T. Anderson

Kids strike a chord at concert

Chiare Hwang, 12, plays a piece by Ibert at the Young Artists Recital on May 30. Sponsored by UCSF Arts & Performances, the concert featured children of UCSF faculty, staff and students and the community and benefitted the "Save the Steinway" fund for upkeep of instruments. Hwang, who started playing piano when she was 5, has been honored at several musical events. She is the daughter of Peter Hwang, associate researcher, department of biochemistry.

Mouse model yields genetic clues to Down syndrome

Researchers at UCSF report that they have developed a mouse model that should enable them for the first time to delineate the role of specific genes in particular aspects of a Down syndrome-like disorder in mice.

Researchers have known for decades that Down syndrome is associated with an extra copy of all or part of one of these: chromosome 21.

However, scientists had yet to identify the particular genes on this extra chromosome that cause the mental and physical abnormalities associated with the disorder. And this lack of knowledge has stymied drug development because drugs need targets, either the genes or the proteins they produce.

But in a recent issue of *Proceedings of the National Academy of Science,* senior author Ting-Ting Huang, an assistant adjunct professor of pediatrics in the pediatric-medical genetics laboratory of Charles Epstein, a professor of pediatrics, says this new mouse model offers new hope.

Ultimately, of course, the researchers hope such research would lead to the development of drugs to treat humans with Down syndrome, which causes mental retardation, major and minor physical abnormalities, often including heart disorders, and, in later life, Alzheimer's disease.

The researchers say it is too early to draw strict parallels between the cognitive deficits in humans with Down syndrome and the learning, behavioral and structural abnormalities observed in the genetically engineered mice. However, they say, their new mouse model should yield insights into the chromosomal regions and the genes they contain that have the capability of disturbing neuronal structure and function when present in an extra copy. And the mechanisms by which these perturbations occur, they said, are likely to be relevant to the human situation.

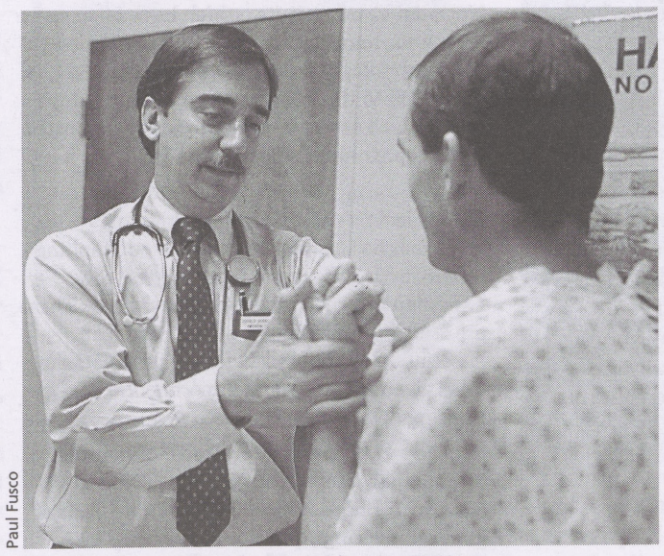
— Jennifer O'Brien

Physicians begin testing marijuana in HIV patients

By CORINNA KAARLELA

A group of physician-scientists in San Francisco has begun a clinical trial on the effects of marijuana in patients with HIV infection.

Supported by a $1 million grant from the National Institutes of Health, the two-year study is a combined project of UCSF and the Community Consortium, a Bay Area association of 200 health care providers who care for the majority of HIV/AIDS patients in the region.



Paul Fusco

Donald Abrams examines a patient at SFGH.

The trial will examine the influence of marijuana on the immune system and on the amount of virus in the body, as well as on its potential interactions with antiviral drugs such as protease inhibitors.

"With this study, Bay Area AIDS specialists continue to be at the pioneering edge of clinical research in HIV," says Donald I. Abrams, who is principal investigator of the study. "The findings will help us provide better treatment to patients and to plan future clinical research protocols."

A total of 63 patients is scheduled to be enrolled over the next 18 months in the study. To be eligible for the study, patients must already be undergoing treatment with either indinavir or nelfinavir, the two most commonly prescribed protease inhibitors for HIV infection.

"Our main goal is to find out what is safe for HIV/AIDS patients. We know many patients use marijuana to relieve nausea and loss of appetite brought on by the disease and its treatments, but we don't know how THC — the active ingredient in marijuana — interacts with HIV drug therapies," says Abrams, UCSF professor of medicine at the UCSF AIDS Program at San Francisco General Hospital and director of the Community Consortium.

"For example, protease inhibitors like indinavir and nelfinavir are metabolized by the liver, as is THC. We want to see if THC alters the metabolism of protease inhibitors and therefore changes the concentration of the drug in the blood, either creating a level that is too high, producing toxicities, or is too low, rendering the protease inhibitor ineffective," Abrams says.

Patients in the trial will be randomly assigned to one of three groups, each with 21 participants. One group will be given marijuana to smoke, one will receive an oral tablet called Marinol that contains THC, and the third will serve as a control group with patients receiving a placebo tablet that contains inactive ingredients.

All of the patients will be housed for 25 days in the General Clinical Research Center (GCRC) at SFGH where they will be monitored carefully. The GCRC is an NIH-funded specialized research unit designed to treat patients who are in clinical studies requiring skilled medical and nursing care, monitoring, and control.

In addition to studying the pharmacokinetics of THC and antiviral drug interactions, the research team will monitor caloric intake of patients and conduct tests of body composition to see if THC has any effect on weight gain or increase in appetite. Patients also will be evaluated for the effect on hormone levels, particularly testosterone, in the blood.

Co-researchers are Morris Schambelan, UCSF professor of medicine, director of the GCRC at SFGH and co-investigator on the study; Kathleen Mulligan, UCSF assistant professor of medicine, GCRC; Neal Benowitz, UCSF professor of medicine and pharmacology; Francesca Aweeka, UCSF clinical pharmacist; Joseph M. McCune, UCSF associate professor of medicine and associate investigator, Gladstone Institute of Virology and Immunology; Joan Hilton, UCSF assistant professor of biostatistics/epidemiology; Tarek Elbeik, UCSF assistant researcher/medicine; Roz Leiser, Community Consortium study coordinator; and Thomas Mitchell, Community Consortium program director.

Formed in 1985, the Community Consortium includes health care providers in private practice and those who work at publicly funded clinics, academic medical centers, and health maintenance organizations.

Mount Zion rewards teams for ingenuity

Innovation can be the key ingredient for delivering high quality health care. Four UCSF/Mount Zion health care teams proved it.

They were recently awarded monetary prizes — made possible by a generous gift from a former Mount Zion patient — during the Sudikow Awards ceremony. Each award-winning team developed ways to improve care and at the same time reduce costs.

"A key challenge for health care providers lies in their ability to demonstrate improvements in the quality of care while reducing costs," says Jane Hirsch, UCSF Stanford Health Care vice president of nursing and patient care services and chair of the Sudikow Awards selection team at UCSF/Mount Zion. "There are a number of excellent projects under way at Mount Zion, and it is wonderful to be able to recognize those working on them."

A "Blood Availability CQI Project," led by physician Beth St. Lezin won a first prize of $8,000 for revising a Blood Bank policy that now allows blood specimens to be accepted up to seven days prior to surgery. Through patient and physician education, the team was able to reduce the amount of same-day-blood orders from 40 percent to 18 percent.

Two projects tied for second-place prizes of $4,000 each. A "Central Venous Access Project," led by physician Jeffrey Pearl was recognized for improving safety and service to patients through the collaboration of surgery, radiology and nursing. The approach demonstrated no patient complications requiring additional hospital stays or catheter misplacements and resulted in significant financial savings to the medical center.

A second-place prize was also awarded to a patient "Surgical Admissions and Procedure Center (SAPC) Pre-Registration Team Project," led by nurse Laraine Ferguson for increasing patient preparedness for surgery. A Patient's Guide to Surgery booklet was widely distributed to physicians' offices and office staff, greatly improving patient flow and satisfaction. Patient communication also increased significantly due to the availability of Russian translators established through this project.

An "Asthma/COPD Clinical Re-engineering Project," led by physician Thomas Addison won a third-place prize of $2,000. The team developed new clinical practice standards, clinical pathways, and educational programs that improved patient care by reducing the length of hospital stays, and decreasing the cost of respiratory care service.

Sudikow Awards nomination forms will be available soon to UCSF/Mount Zion employees.

—Abby Sinnott

Mount Zion Auxiliary marks centennial

The Auxiliary of the UCSF/Mount Zion Medical Center, part of UCSF Stanford Health Care, celebrated 100 years of service to the community during a dinner at Lake Merced Golf and Country Club on April 25.

The event recognized past chiefs of staff and former auxiliary presidents. David Melnick, who has been chair and member of the Board of Trustees for the past ten years, was the special honoree.

"The tradition of Mount Zion is still alive and well and our future looks as impressive as our past," said Karen Wener, Auxiliary president. "We earned more this year than ever before in the past 100 years and that is a huge accomplishment for the Auxiliary."

The Auxiliary raised nearly $106, 000 during the 1997-98 fiscal year. It awarded $25,000 to the department of medicine and $50,000 to the Diabetes Program.

For the centennial celebration, the Auxiliary produced a book that features photographs including the one above, of UCSF/Mount Zion physicians, volunteers and staff dating back to the Auxiliary's inception in 1897.

Through volunteerism, community relations and philanthropy, the Auxiliary aims to nurture the health and welfare of the hospital's patients.

Robert Foothorap

Slain organ donor's parents unveil sculpture

At a press briefing at the Italian Consulate in San Francisco on May 26, the parents of Nicholas Green unveiled a sculpture commissioned to symbolize the seven people who received their son's organs after he was shot in Italy in 1994.

Stephen Tomlanovich, a transplant nephrologist at UCSF Stanford Health Care, pictured at center, spoke briefly at the unveiling. He thanked Reg and Maggie Green of Bodega Bay for their strong activism in support of organ donation. Tomlanovich said their altruism is typical of all the families of organ donors: they go beyond their own tragedies to make a positive difference, to change the lives of people waiting for the opportunity of a transplant.

The sculpture was made by San Francisco sculptor Bruce Hasson from melted-down firearms. Titled "The Birds," it consists of seven bells, each crowned by a bird, intended as an affirmation of life rising above violence. After showing in the US, the sculpture will be donated to the people of Calabria, the region where the boy was shot.

Maggie Green, who gave birth to twins two years ago, said that many Italians, particularly Calabrians, have told the family they are ashamed of Nicholas' murder. "We have always pointed out that it was the work of one or two individuals, not a region or a country, and that it could have happened anywhere," she said. "We hope this beautiful work will remind them of all the good that has come out of this tragedy."

Private Support

UCSF is pleased to acknowledge the following gifts/pledges of $25,000 or more from individuals, corporations and foundations received May 10-23, 1998.

$5,000,000 or more
Daiichi Pharmaceutical Company, Ltd.
The Robert Wood Johnson Foundation

$500,000 - $999,999
California Wellness Foundation
Mr. and Mrs. Charles Fernald

$250,000 - $499,999
Mr. and Mrs. Paul H. Stephens

$100,000 - $249,999
The Arthur Vining Davis Foundations
Estate of Ned E. Mannix

$25,000 - $99,999
Foundation for Advancement of Radiologic Sciences
Carol F. Koshland
Alfred P. Sloan Foundation
Sugen Company
United Negro College Fund
Zymed

Honors & Awards

Aruna Chakravorty, physician researcher: Awarded a travel grant for outstanding research to be presented at the 80th annual meeting of the Endocrine Society to be held in New Orleans on June 24-27. These $500 grants are awarded only to graduate students in-training, postdoctoral fellows or new faculty, and are solely based on the quality of science to be presented. Chakravorty's abstract was selected from 650 submitted. Founded in 1916, the Endocrine Society consists of more than 9,000 scientists and physicians in 78 countries dedicated to the advancement and dissemination of knowledge related to endocrinology.

Jonathan C. Horton, associate professor in residence of ophthalmology, neurology and physiology: Elected to membership in the American Ophthalmological Society at the annual meeting on May 17-20 in Hot Springs, Virginia. Horton's research focuses on the development and function of the primate visual cortex. In particular, he is probing the structural alterations in the visual cortex that occur in amblyopia and strabismus. His research is supported by grants from the National Eye Institute, which have been renewed for another five years. The American Ophthalmological Society, founded in 1864, is dedicated to the advancement of ophthalmic science and art. Active membership is limited to 250 ophthalmologists in the US.

Mary J. Janatpour, doctoral candidate, Biomedical Sciences Graduate Program: Awarded the Genentech award for outstanding research. She was also a runner-up for the Langman award for outstanding research. These are student awards given by the American Association of Anatomists for the best platform talks given at the annual Experimental Biology meeting held in San Francisco.

Stanley B. Prusiner, professor of neurology, biochemistry and biostatistics: Elected to the American Philosophical Society at its annual general meeting April 24. Founded by Benjamin Franklin in 1743, this society is a renowned international organization that promotes excellence and useful knowledge in the sciences and humanities through scholarly research, professional meetings, publications, library resources and community outreach.

Thomas S. Scanlan, assistant professor of pharmaceutical chemistry and cellular/molecular pharmacology: Selected as a Sloan Research Fellow among more than 400 nominations. Through these fellowships the foundation seeks to identify and support young scientists in the US and Canada who have demonstrated special creative ability in the physical sciences, mathematics, neuroscience, computer science and economics. The grant funds awarded are intended to be used flexibly rather than in prescribed ways.

Sol Silverman Jr., professor of oral medicine, UCSF School of Dentistry: Awarded honorary degree, doctor of science, by McGill University, Montreal, Canada. Silverman is active in teaching, patient care and research. His research focuses on the field of oral cancer, involving early detection and complications of treatment. Silverman is the author of more than 200 scientific articles and two texts on oral cancer and oral manifestations of AIDS. He is a spokesperson and member of the Council for Scientific Affairs of the American Dental Association. Silverman has recently received the Public Health Service Exemplary Service Award and the Norton Ross award for Excellence in Clinical Research by the American Dental Association.

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Study looks at MD- vs. MBA-managed health care

By CORINNA KAARLELA

The trend in California under managed care is to delegate more responsibility to physician groups, but it is not yet clear whether this shift will be advantageous for physicians or patients, according to a new study by UCSF health policy specialists.

The UCSF team surveyed physician groups throughout the state that provide health care through an organizational structure known as an independent practice association, or IPA.

An IPA consists of a network of physicians who agree to participate in an association to contract with health maintenance organizations (HMOs) and other managed care plans. The role of the IPA is to serve as an intermediary between managed care plans and individual office-based physicians, with both the practicing physicians and HMOs retaining their corporate independence from the IPA.

"We found that physician-run IPAs look a lot like HMOs and other managed care organizations administered by 'business professionals' in terms of how they deal with physician staffing, payment, and related policies," says Kevin Grumbach, study principal investigator and associate professor in the UCSF department of family and community medicine based at San Francisco General Hospital.

"It remains to be seen if physicians and their patients will fare differently — for better or for worse — under 'MD managed care' than they do under 'MBA managed care,'" he adds.

Supported by the Pew Charitable Trusts, the study findings are published in the May/June issue of the journal *Health Affairs*.

"IPAs are popular in the West, especially in California, because this model makes it possible for physicians to maintain ownership of their practices and administer their own offices. But these groups experience the same types of competitive pressures as other forms of managed care," says Grumbach, who also holds appointments as research director of the UCSF Center for the Health Professions and director of the UCSF Center for California Health Workforce Studies.

Study findings centered on three major areas — staffing, payment patterns, and governance. They include:

- About half of the IPAs had terminated a contract with a physician during the previous year. The most common reason was concern about quality of care, but about 25 percent also cited an "excessively costly practice pattern" as a contributing factor in some cases.
- About half of IPAs also had financial incentives for physicians related to quality of care and patient satisfaction.
- Practicing physicians filled almost all of the positions on IPA governing boards (83 percent). However, a minority of IPAs (43 percent) allowed the total IPA physician membership to vote for the governing board, suggesting that "rank and file" physician members may not have direct control over IPA policies, according to Grumbach.

The UCSF study is based on data analysis from a 1996 survey of 53 California IPAs, representing more than half of all patients and physicians in IPAs statewide. The IPAs averaged two specialists for every primary care physician in their networks.

The research team acknowledges that the study was limited by its focus on only one state, but adds that California is regarded as a trendsetter for many managed care phenomena and results from a California sample may indicate trends in the wider IPA market.

Other study findings are:

- Almost half (44 percent) of the IPAs said they would like to recruit more primary care physicians, while only 4 percent wanted to recruit more specialists. "Even in physician-run groups, practice opportunities remain much more promising for primary care physicians than for specialists in California," notes Grumbach.
- Board certification appears to be taking on growing importance as a criterion for physician participation in managed care. Seventy-five percent of IPAs required certification for new members.
- Slightly more than half (57 percent) of IPAs listed physicians in other specialties as primary care providers — most frequently obstetrician-gynecologists.
- IPAs followed patterns in determining payment methods to physicians similar to those used by HMO networks that contract directly with physicians or that employ their own physicians. Capitation, in which payment is based on the number of patients treated, was the most common process (77 percent of IPAs) for primary care physicians. Only 30 percent of IPAs, however, used a capitation payment system for specialists.
- Of the IPAs that used capitation for primary care physician payments, a majority (85 percent) also had incentive plans in place that gave bonus payments to physicians who contained the costs of hospital, referral, and ancillary services (lab tests, radiology services, physical therapy, etc.).

Study co-investigators are Janet Coffman, associate director for Workforce Policy and Analysis; Noelle Blick, research assistant; and Edward H. O'Neil, executive director, all of the UCSF Center for the Health Professions; and Karen Vranizan, senior statistician, UCSF department of medicine.

UCSF experts available to chat on Web

By LORDELYN DEL ROSARIO

People with chronic and serious illnesses such as breast cancer and asthma now can receive free health information on their conditions through online computer chats with UCSF health care professionals.

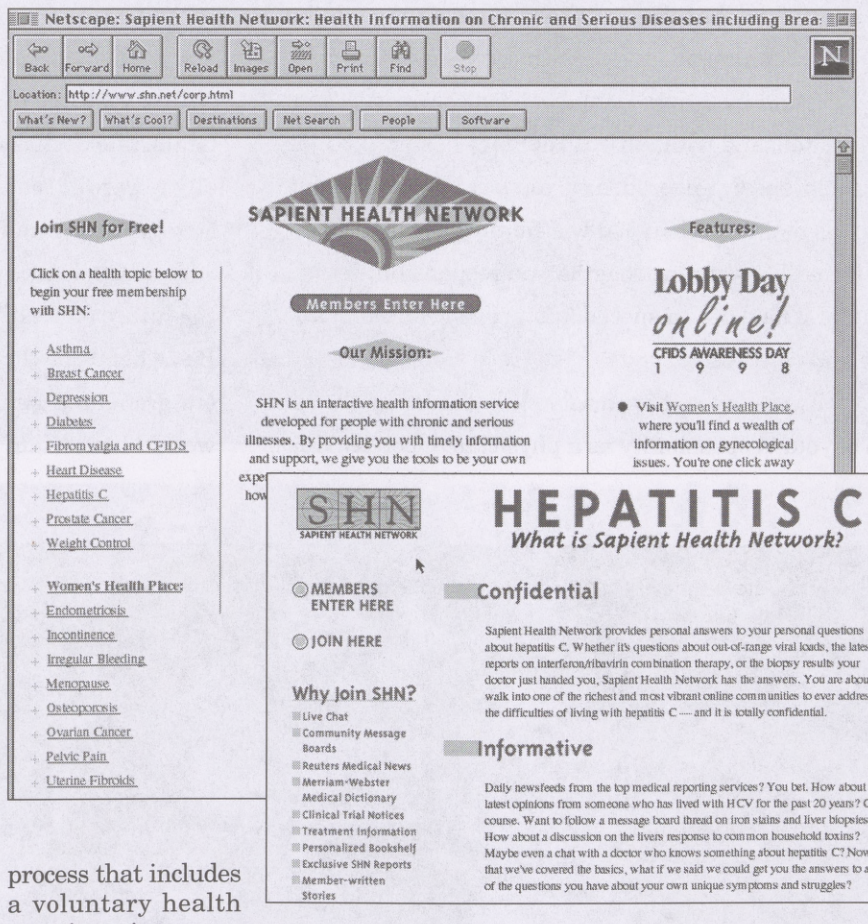
The UCSF School of Nursing recently formed a partnership with Sapient Health Network (SHN), a free Internet-based health information and support service developed for people with chronic and serious illnesses. This is the first such partnership for both SHN and UCSF.

"This relationship allows us to provide the clinical expertise to SHN as well as provide health information in a free-flowing dialogue to people with serious conditions," says Joanne Saxe, associate clinical professor, department of community health systems in the UCSF School of Nursing.

The main role of this UCSF web-nursing project has been to host hour-long "live" online chats — question and answer sessions through the computer — on specific diseases and conditions. With access to a computer and the Internet, members can have an ongoing dialogue with UCSF health experts and chat with other members interested in the health topic. In addition to chats, UCSF experts also provide answers to members' questions through online message boards targeting specific health conditions.

"Through the Internet we've been able to educate and empower members with knowledge on their conditions," Saxe says. "Members are given the tools and support to make informed decisions about how to cope with their disease or condition."

A prospective member becomes part of the SHN community by pointing their Internet navigation program to http://www.shn.net, clicking on "join SHN now" and completing a simple registration process that includes a voluntary health questionnaire.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Reuters Medical News
Merriam-Webster Medical Dictionary
Clinical Trial Notices
Treatment Information
Personalized Bookshelf
Exclusive SHN Reports
Member-written Stories
Confidential
Sapient Health Network provides personal answers to your personal questions about hepatitis C. Whether it's questions about out-of-range viral loads, the latest reports on interferon/ribavirin combination therapy, or the biopsy results your doctor just handed you, Sapient Health Network has the answers. You are about to walk into one of the richest and most vibrant online communities to ever address the difficulties of living with hepatitis C — and it is totally confidential.
Informative
Daily newsfeeds from the top medical reporting services? You bet. How about the latest opinions from someone who has lived with HCV for the past 20 years? Of course. Want to follow a message board thread on iron stains and liver biopsies? How about a discussion on the livers response to common household toxins? Maybe even a chat with a doctor who knows something about hepatitis C? Now that we've covered the basics, what if we said we could get you the answers to all of the questions you have about your own unique symptoms and struggles?

"Having UCSF faculty host online chats will enable our members to learn more about their health conditions from some of the finest medical experts in the United States," says James Kean, co-founder and president of SHN. "We look forward to working closely with the School of Nursing. This relationship will serve as a model for our partnerships with other leading academic institutions."

Headquartered in Portland, Oregon, SHN creates condition-specific online communities that enable its 80,000 members to access personalized information about their condition and participate in interactive support networks via the Web. Healthcare companies turn to SHN to gain insights into patient perspectives through population studies and aggregate-level market research. Through this activity, SHN helps instill the patient perspective in the product development, marketing and delivery systems of its healthcare customers.

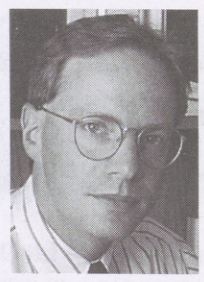
SHN has ten online communities that cover 16 disease topics for its members: asthma, breast cancer, heart disease, depression, diabetes, fibromyalgia, chronic fatigue immune deficiency syndrome, hepatitis C, weight control, prostate cancer and the Women's Health Place, including endometriosis, incontinence, menopause, irregular or heavy bleeding, ovarian cancer and osteoporosis.

Hospitalists key to shorter, less costly hospital stays

By DIANA MARSZALEK

At a time when managed care is forcing hospitals to cut costs, a new UCSF study has found that increasing the involvement of faculty doctors who specialize in hospital care may be a key to shorter, less costly hospital stays that don't compromise quality or teaching.

The study, published in the May 20 edition of the *Journal of the American Medical Association,* found that patients spend less time in the hospital — and their care costs less as a result — when their cases are managed by doctors, called hospitalists.



Wachter

The role of the recently emerged specialty is a departure from the way faculty doctors traditionally have functioned in academic hospitals. Under the traditional model, faculty members serve as advisors to the residents, who as medical school graduates in the late stages of training, manage inpatient care in teaching hospitals. Faculty rotate in that advisor role infrequently, often just one month a year.

"What you have with the hospitalist model is more direct supervision by individuals who are more experienced in this attending role, more skilled in it and for whom this role is a larger part of their professional identity," says Robert M. Wachter, UCSF associate professor of medicine and epidemiology. Wachter is associate chairman of UCSF's department of medicine, chief of the Medical Service at UCSF Medical Center and the study's principal investigator. UCSF Medical Center is part of UCSF Stanford Health Care.

The year-long study, which involved 1,623 patients at UCSF from July 1995 to June 1996, showed that patients stayed an average of 4.3 days, at a cost of $7,007, when their care was managed more closely, generally by a hospitalist. They spent 4.9 days, at $7,777, under a more traditional structure. Patients were randomly divided into the two groups.

There was no significant difference between how patients in both groups fared healthwise, or how satisfied they were with the care they received, Wachter says. That finding is based on a wide range of observations, including patient outcomes and hospital readmissions, as well as a patient survey.

The study also may ease concerns of residents that the increasing involvement of hospitalists could cost them their autonomy and compromise the quality of their education, Wachter says. A survey showed that a majority of residents who worked side-by-side with the hospitalists were highly satisfied with the experience. In fact, the majority preferred it to the traditional system.

Also allayed were the concerns of other specialists, who questioned whether they would get fewer referrals as a result of greater reliance on hospitalists, Wachter says.

The findings further support the increasingly popular idea of using hospitalists to improve the efficiency, and possibly the quality, of inpatient care, he says. The concept of the dedicated inpatient physician was first described by Wachter and co-author Lee Goldman, UCSF professor of medicine and chair of the UCSF department of medicine, in a seminal 1996 *New England Journal of Medicine* article, in which the term "hospitalist" was coined.

Since managed care forces health care providers to look for ways to cut costs without harming quality or patient satisfaction, Wachter says, these methods are now standard procedure.

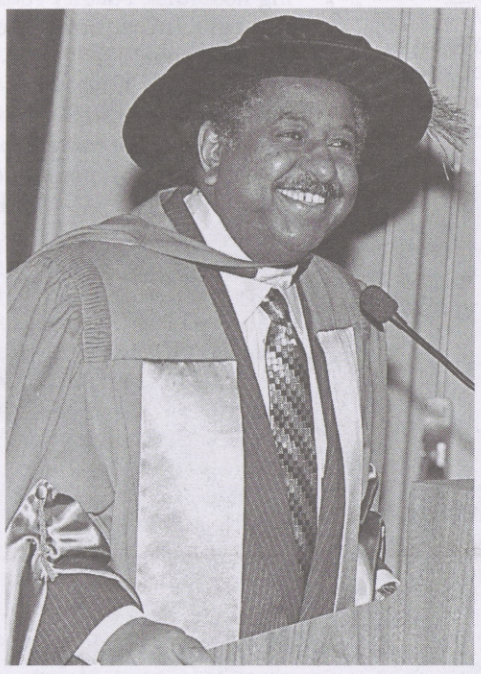
Co-investigators include Goldman; Patricia Katz, UCSF assistant professor of medicine; Jonathan Showstack, UCSF professor of medicine; and Andrew Bindman, UCSF associate professor of medicine.

SCHOOL OF MEDICINE Class of '98

Chancellor Haile Debas, dean of the UCSF School of Medicine, welcomed graduating students, family, friends and faculty to the May 22 commencement ceremonies for the Class of 1998. Here is what he had to say.

The journey through medical school would not be possible without the support and sacrifice of families and friends. I want to acknowledge and thank all of you who have shared in the process that is culminating here this afternoon.

Chancellor Haile Debas



I also want to acknowledge the support that our faculty have shown to the student body. Today, we have 110 faculty participating in this graduation ceremony and all of them have, in one way or another, contributed to the students' medical education and well-being. UCSF would not be one of the top medical schools in the nation without our extraordinary faculty. I especially want to acknowledge and thank those of you on the UCSF clinical faculty who have generously volunteered your precious time to teaching and mentoring our students.

I now direct my remarks to our newly minted physicians — our graduating students. I know that the past four years have been — at different times — exciting, exhausting, scary, and inspiring. You have been challenged, frustrated, defeated, and triumphant. You have been profoundly moved and intensely angered. And you have survived it all to reach this moment when you will finally become doctors. You are formally assuming the role and responsibilities of physician and healer — a special and privileged role in all societies and cultures.

That is why the joy of this occasion is balanced by the seriousness of your responsibility as a physician. Upon leaving this auditorium you enter into a covenant between you and your patients, between you and your community, between you and your profession. This covenant is to uphold your patients' interests above all else; as a physician it is your moral compass. The world of managed medical care will challenge your loyalty and commitment to your patients. You will have clinical productivity goals to meet. When you are tempted to skip a test in the interest of economy, to cut short a patient's history in the interest of time, check your compass. This covenant is as real as earth and water, as real as every patient you will see throughout your professional life.

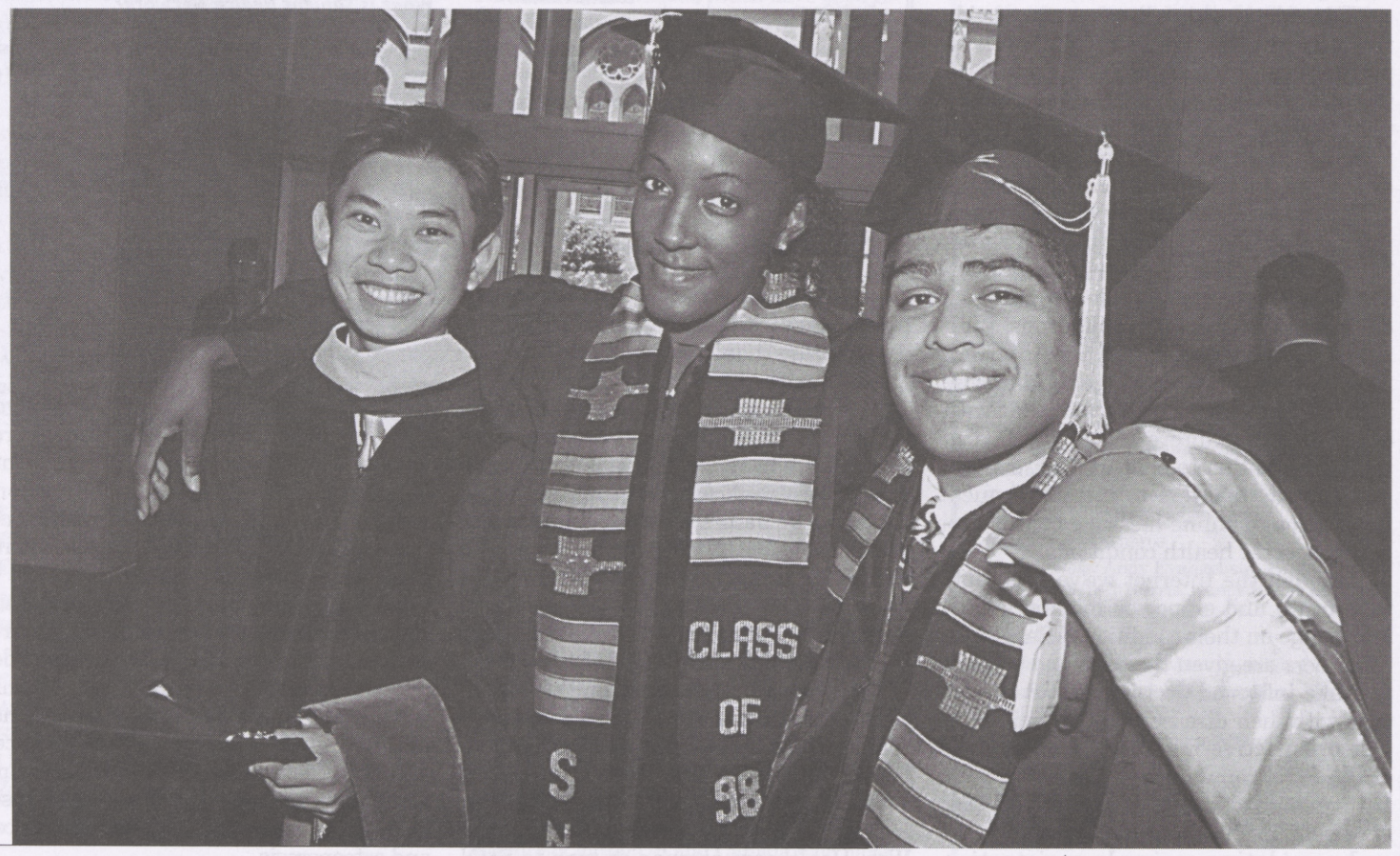
I submit to you that honoring this social contract will give you a life of fulfillment and meaning; breaking it is a betrayal of your patients, of your profession and of yourself.

You have been generous in praise of the education you have received at UCSF and of the quality of our faculty. We are pleased that you feel your time has been well spent. But I want you to know that we have received as much as we have given — you have been our teachers and our inspiration. When you leave today your formal status as a student ends and your role as lifelong learner and teacher begins.

Take the time to learn from your patients, to teach your patients. The doctor-patient relationship is a dynamic and mutually rewarding one. Do not let managed care turn you into a factory worker and your patients into widgets.

You may deduce from my remarks that I am worried about the future of health care in this country. You are right — I am. But when I see the quality, the dedication and commitment of our graduates, I am heartened. As we send you off into the world I am certain that you will make it a better place.

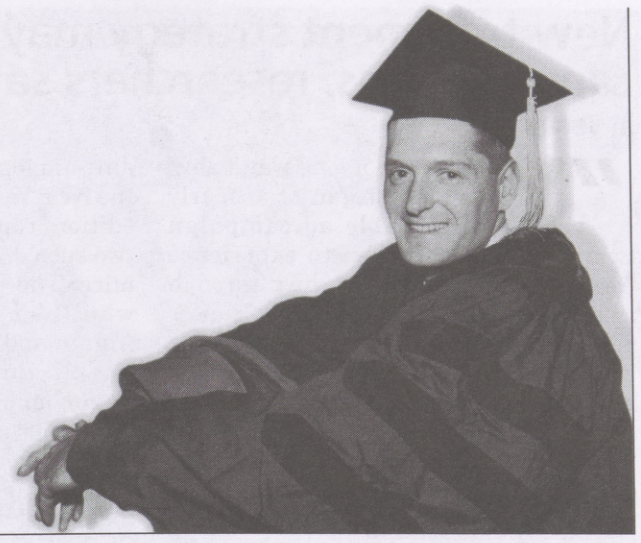
The doctor-patient relationship is a dynamic and mutually rewarding one. Do not let managed care turn you into a factory worker and your patients into widgets.

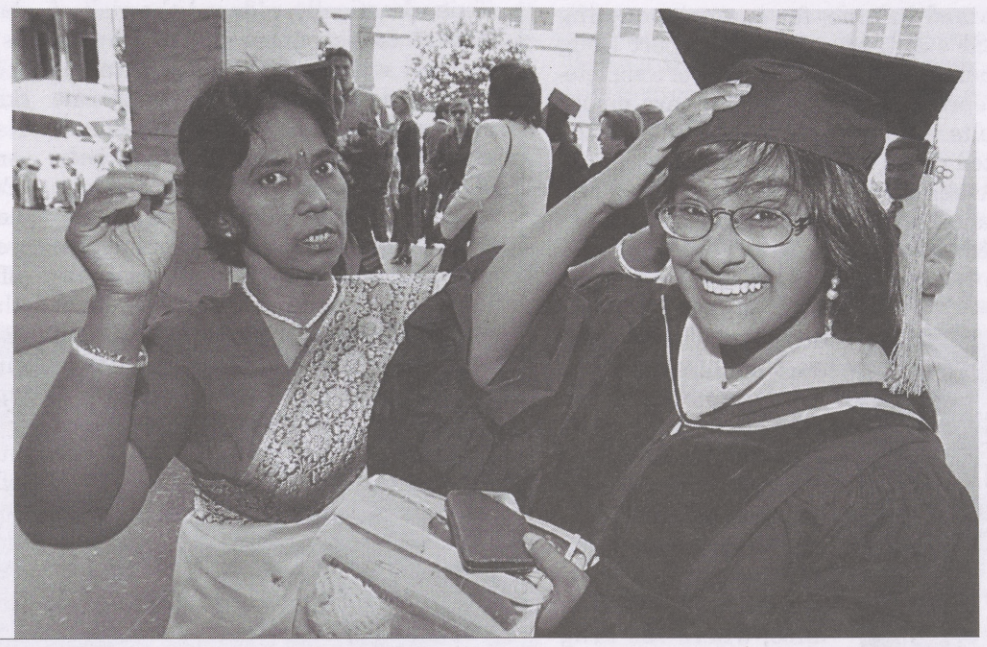


Graduates, pictured at top left corner, Simerjot Jassal, runner-up for the Gold-Headed Cane Award, and Robert Rosenbloom will both pursue internal medicine at UCLA Medical Center. Rosenbloom will then move on to practice emergency medicine.

Celebrating the commencement of their careers in medicine are, from left, Michael Pham, who will pursue internal medicine at UCSF; Michelle Randolph, who will do the same only at UCLA and Gerard Carvalho, who will train in surgery leading to specializing in head and neck surgery for Stanford Health Services.

Out to make the world a better place...

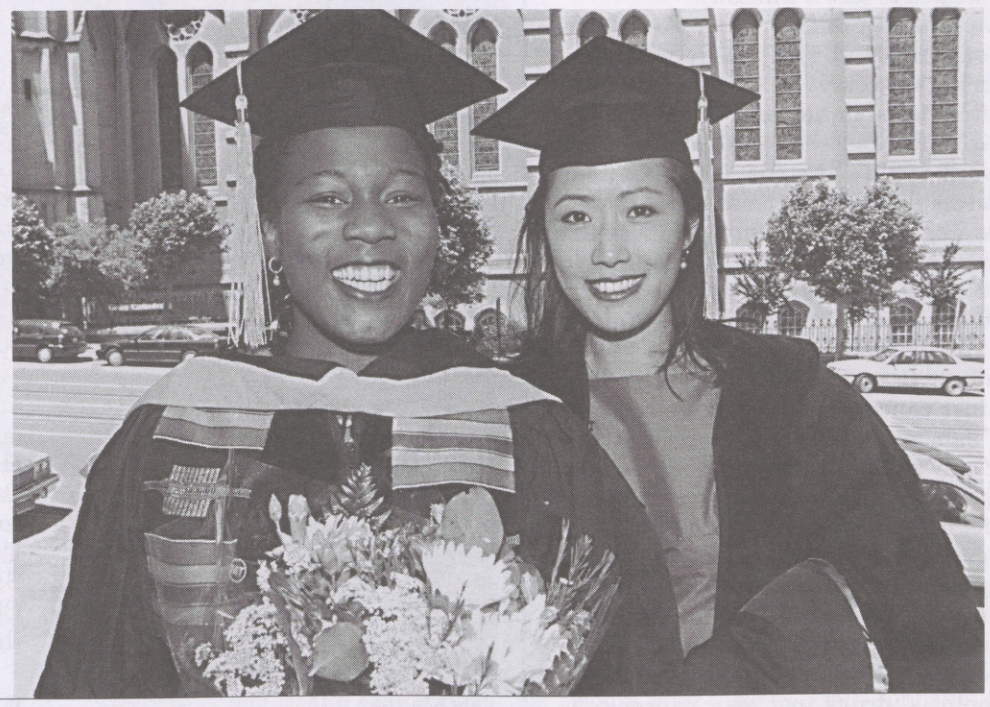




Continuing the ear, nose and throat dynasty of his ancestors, graduate Joshua Schindler, upper right corner, is his family's fifth generation to graduate from UCSF's School of Medicine.

Somava Saha Stout gets help from her mother, Ransita Saha, prior to the graduation ceremony. Stout will pursue postgraduate medical education.

Monica Quezada receives the Gold-Headed Cane Award from physician David Schumacher, who as a 1970 graduate of UCSF, donated his prize. The Gold-Headed Cane ceremony was initiated at UCSF in 1939 by William J. Kerr, then professor and chair of the department of medicine, and has continued ever since.



Graduates Kim Felder and Jeannie Chung, both members of the Alpha Omega Alpha Honor Medical Society, show their enthusiasm as they arrive at the Nob Hill Masonic Memorial Temple Auditorium. Felder will pursue surgery at UCSF while Chung will take up surgery at the Massachusetts Eye and Ear Infirmary, part of the Harvard Medical School Program, where she will specialize in otolaryngology.

Photos by Chris T. Anderson

School of Medicine honors students, faculty

Gold-Headed Cane Award

Excelling in both the classroom and the community, Monica R. Quezada was awarded the Gold-Headed Cane at commencement ceremonies May 22.

The Gold-Headed Cane —the highest honor given to a graduating UCSF medical student — is presented to the UCSF senior judged by classmates and faculty as best exemplifying the qualities of a "true physician." Quezada, who will do her residency in family medicine at Kaiser in Los Angeles, volunteered at a student-run homeless clinic and coordinated events for the UC Mission neighborhood health fair, and served as a health educator to high school students.

Runners-up for the award were Simerjot Jassal and Christopher Covin.

Excellence in teaching

The graduating medical school class recognized the following faculty members for excellence in teaching:

Pre-clinical faculty: Henrik L. Blum, professor emeritus, former chair of the UC Berkeley/UCSF Joint Medical Program; Bertram G. Katzung, professor emeritus, cellular and molecular pharmacology; Warren E. Levinson, professor emeritus, microbiology; Henry C. Sanchez, assistant clinical professor, pathology; Sexton D. Sutherland, adjunct professor, anatomy.

Clinical teaching faculty: Martin S. Bogetz, professor, clinical anesthesia; Mindy Goldman, assistant clinical professor, obstetrics & gynecology; Hobart W. Harris, assistant clinical professor, surgery; Kimberly S. Kirkwood, assistant professor in residence, surgery; Helen Loeser, clinical professor, pediatrics; Stephen J. McPhee, professor, medicine; Meg. D. Newman, assistant clinical professor, medicine; Susan H. Sniderman, professor, clinical pediatrics; Kenneth A. Woeber, professor, clinical medicine.

Housestaff: Neil A. Fischbach, medicine; Rebecca A. Jackson, obstetrics & gynecology; Nerissa Ko, medicine; Andrew S. Plum, medicine; Kent C. Sasse, surgery.

Maria Teresa Maino-Dixon Award for Student Advocacy

Daniel H. Lowenstein, associate professor in residence, neurology, neurological surgery and anatomy.

Kaiser Awards for Excellence in Teaching

Daniel Lowenstein, for basic science; Molly Cooke, professor, clinical medicine, in the clinical faculty category; Robert M. Franklin, clinical instructor, family and community medicine, volunteer clinical faculty; Trevor D. Glenn, clinical professor of psychiatry, volunteer clinical faculty at UCSF-Fresno. Diane S. Colby, adjunct professor, biochemistry and Hugh A. Patterson, professor, anatomy, received the Kaiser Career Achievement Award for Teaching. The Kaiser awards were established by the Henry J. Kaiser Family Foundation and winners are nominated by medical students and housestaff.

New treatment strategy may curb lung cancer deaths, researchers say

By JEFFREY NORRIS

"You've come a long way, baby," once the slogan of a nearly unavoidable ad campaign that encouraged women to experience freedom and equality with men through smoking, is certainly true if lung cancer is the measure.

The disease for decades mainly struck male smokers, but today is epidemic among females, as more women have taken up cigarette smoking. An estimated 67,000 women — 50 percent more women than are anticipated to die from breast cancer — are expected to join about 93,100 men who will die from lung cancer this year. These statistics make lung cancer by far the most deadly cancer among both men and women, accounting for nearly 30 percent of all cancer deaths. About 90 percent of lung cancer is the result of smoking.

Most lung tumors are not detected until cancer cells have spread to lymph nodes or to the opposite lung, a late stage that makes the disease difficult to eradicate. The combined five-year survival rate for lung cancers at all stages averages just 14 percent.

Using computers to calculate deliverable treatment doses in three dimensions, radiation oncologists at UCSF Stanford Health Care are more precisely targeting radiation to lung and chest tumors, such as this cancer of the chest lining, while better protecting healthy tissue. The tumor is highlighted in white in the left-facing torso pictured above. Similar to the way elevation is indicated on a topographic map, concentric circles mark "isodose" lines of constant radiation. The lowest isodose centers on healthy lung, while the highest dose is delivered to the tumor.

UCSF physicians are participating in several clinical trials aimed at improving this dismal statistic. Preliminary results suggest that novel recombinations and refinements of established surgery, chemotherapy and radiation treatment modes can modestly improve outcomes in lung cancer, according to David Jablons, assistant professor of surgery.

Jablons and his UCSF colleagues also are investigating whether or not advanced cases of lung cancer are vulnerable to a new generation of chemotherapy agents, including "anti-angiogenesis" drugs that block the formation of the new blood vessels that nourish growing tumors.

UCSF physicians who treat lung cancer will participate in Phase II clinical trials of an anti-angiogenesis drug, Genentech's anti-VEGF, and of Agouron's AF3340, a protease inhibitor drug that has anti-angiogenic properties. Anti-VEGF already is under study at UCSF, the only site for a clinical trial to investigate the drug's potential to combat prostate cancer, and it will also be evaluated as a colon cancer treatment.

No quick fix

Cancer specialists nationwide have been besieged with requests for experimental anti-angiogenesis treatment ever since the *New York Times,* in its May 3 Sunday edition, reported that a combination of two such drugs could eliminate tumors in mice. The piece reported little beyond what had already been published in *Nature* and written up in the *Times* last Nov. 27. But the more recent *Times* article ran on page one and featured a quotation — or misquotation, according to the source, one of the nation's best known scientists, James Watson — claiming that the drugs' discoverer, Judah Folkman, of Children's Hospital in Boston and Harvard Medical School, would cure cancer within two years. Stock of drug license-holder EntreMed Inc. soared.

The earlier *Times* story was more restrained in tone, for example, quoting UCSF's anti-angiogenesis expert Doug Hanahan on the doubtfulness of completely reproducing the extraordinary mouse results in humans. In fact, although the touted drugs, endostatin and angiostatin, have eliminated tumors in mouse models of cancer, they have not yet been tested in humans.

The National Cancer Institute estimates that quantities of the drugs sufficient to conduct human trials will not become available until next year.

UCSF Cancer Center scientist Marc Shuman notes that UCSF researchers earlier tested the now experimentally available anti-VEGF in mice, where the drug stopped growth of some human tumors -- breast, colon and prostate -- and the spread of these tumors beyond their tissues of origin. Anti-angiogenesis drugs, unlike standard chemotherapy agents, are not likely to drive tumors to develop drug resistance, Shuman explains, because they are not aimed at cancer cells. Instead they target normal "endothelial" cells that form blood vessels. These cells are genetically stable and unlikely to evade the drug by mutating.

Even so, Shuman says, "If a drug works in mice, it doesn't mean it will work in people. On the other hand, if you didn't see efficacy in mice, you wouldn't be inclined to test it clinically."

Jablons is familiar with the disappointment that can result when researchers attempt to reproduce mouse "cancer cures" in humans. The UCSF oncologist worked with physician Steven Rosenberg at the National Cancer Institute in the 1980s on studies of interleukin 2, a protein naturally made by the immune system that was thought to have great potential to fight cancer, but which thus far has found limited clinical application.

When it comes to drugs targeted against cancer, "There is no magic bullet," Jablons says.

It may be that the best strategy against lung cancer will be to use more than one of the new drugs simultaneously, Jablons suggests, and to complement the multi-drug approach with surgery or radiation treatment, or both. In the future, drug choices are likely to include immune therapies such as monoclonal antibodies, "apoptosis" drugs that spur cancer cells to kill themselves, anti-angiogenesis drugs, viral vectors targeted to cancer cells, and gene therapy. All may play a part in helping cancer patients live longer, better lives.

RESEARCH ROUNDUP

Drug shows promise to prevent breast cancer

Researchers at UCSF report that a novel hormone therapy drug reduces the risk of breast cancer in women by 70 percent.

"Our findings are very exciting because they show that it may be possible to prevent breast cancer in postmenopausal women who have no prior history of the disease," says Steven Cummings, UCSF professor of medicine and epidemiology and lead author of the study.

Cummings presented his findings May 18 at the annual meeting of the American Society of Clinical Oncology.

UCSF researchers found that the osteoporosis prevention drug, raloxifene, drastically reduced the risk of breast cancer in postmenopausal women without indicating an increased risk of endometrial, or uterine cancer. Other drugs in raloxifene's class, including tamoxifen, have been shown to increase the risk of endometrial cancer in women.

Although tamoxifen was recently reported to reduce the risk of breast cancer by 45 percent in women who are at high risk of the disease, it also showed an increased risk of endometrial cancer. Of the 13,388 women who participated in the tamoxifen study, 33 of those who received the drug developed endometrial cancer, compared to 14 of the women assigned to placebo.

Raloxifene and tamoxifen belong to a class of drugs called selective estrogen receptor modulators (SERMs), which block the actions of estrogen in some tissues, such as the breasts, and mimic estrogen in other tissues, such as the bones.

"During the clinical trials of raloxifene, we saw twice as many cases of breast cancer develop among women taking placebo compared to those taking raloxifene," Cummings says.

After an average of 33 months, 32 cases of breast cancer developed in the women who participated in the study. While 21 or 0.82 percent of the women who were given placebo developed breast cancer, only 11 or 0.21 percent of those assigned to raloxifene developed the disease. However, like tamoxifen and estrogen, Cummings notes that raloxifene does increase a woman's risk of developing blood clots.

Excluding skin cancer, breast cancer is the most common form of cancer among women, accounting for one out of every three cancer diagnoses in the US. About one in nine women will develop breast cancer during her lifetime, and it is estimated that the disease will strike 178,000 women in the US this year, and kill 43,500.

Because breast cancer can take five or more years to become detectable, Cummings says that the study will continue for at least another four years to determine the long-term benefits of raloxifene in women. He added that the women who are participating in the clinical trials are making enormous contributions to the fight against breast cancer.

"If we continue to see positive results from the study, as we expect, women who are concerned about breast cancer should consult their doctors about whether raloxifene is a treatment they should consider," Cummings says.

Approved for the prevention of osteoporosis by the Food and Drug Administration in December 1997, raloxifene is marketed as Vista by Eli Lilly and Co., which sponsored the clinical trials of the treatment as a method of preventing breast cancer.

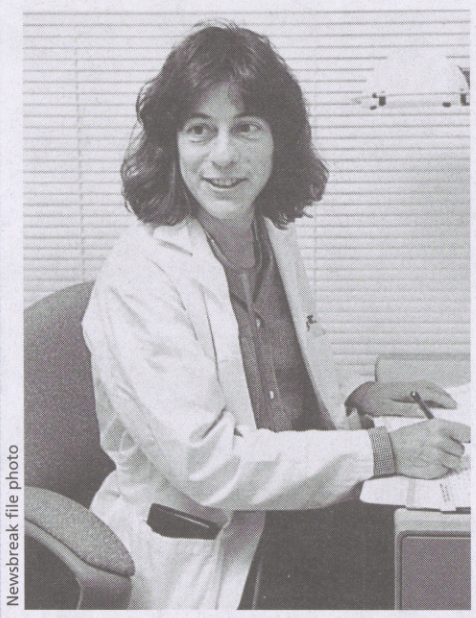
— Abby Sinnott

Survival rates for children with neuroblastoma improve

Two innovative treatments — bone marrow transplant and follow-up therapy with high doses of retinoic acid, a derivative of Vitamin A — significantly improve the disease-free survival of children with high-risk neuroblastoma, the third most common childhood cancer.

Researchers at UCSF and Childrens Hospital Los Angeles (CHLA), working with the nationwide Children's Cancer Group, reported the findings from a randomized study of 539 children at the annual meeting of the American Society for Clinical Oncology (ASCO) at the Los Angeles Convention Center on May 18.

"The improved survival rates came without a significant increase in toxic side effects or extra days in the hospital," says Katherine K. Matthay, director of the study. "We recommend that these therapies should be incorporated into future treatment regimens."



Newsbreak file photo

Kate Matthay

Funded primarily by the National Cancer Institute, the study began in 1991 and was conducted at more than 100 medical centers. Results showed a significant increase in event-free survival for children who received autologous purged bone marrow transplants. Results were even more dramatic for those whose initial therapy was followed up with high doses of 13-cis retinoic acid, a Vitamin A derivative commonly prescribed for acne under the trade name Accutane.

Most dramatic of all were results for a combination of the two treatments: 55 percent of the children who received bone marrow transplants survived free of relapse for three years after beginning follow-up treatment with retinoic acid. That rate compares to 16 percent for children treated with consolidation chemotherapy alone.

A cancer of the sympathetic nervous system, neuroblastoma is the most common solid tumor, other than brain tumors, to occur in children. The average age of diagnosis is two-and-a-half years, and one in 6,000 children is diagnosed with neuroblastoma by the age of five. The majority of patients who received treatment as part of the Children's Cancer Group Study had tumors that had metastasized to other sites.

Matthay, a professor of pediatrics and director of pediatric clinical oncology for Lucile Packard Children's Health Services at UCSF, and C. Patrick Reynolds, an associate professor of pediatrics and pathology at the University of Southern California School of Medicine, credit the Children's Cancer Group for making this multi-center study possible.

Neuroblastoma is rare enough that it required coordination among many medical centers to conduct a randomized trial. "The reward for this cooperation is that we have shown that this is an improvement over standard chemotherapy, a way to improve the survival a little for children with this very bad disease," says Matthay.

— Janet Basu

Photos by Lisa Cisneros

A tour of Toland Hall's famous frescoes

Murals depict medicine's good, bad and ugly

By PAULA MURPHY

Artist Bernard Zakheim was commissioned in 1936 to paint frescoes in Toland Hall depicting the history of medicine in California.

A Polish immigrant who worked with the famous artist Diego Rivera for a year in Mexico City, Zakheim perhaps did too thorough a job — he angered some by portraying both the good and the bad done in the name of medicine.

For example, his unfavorable depiction of how the Catholic Church treated Native Americans created quite a controversy.

"The local church was going to sponsor the opening of the murals and when they realized that the murals portrayed them as 'less than heavenly,' they withdrew their support," says James Brown, a retired physician who gave a "tour" of the murals on a recent Saturday morning.

The murals generated international attention, not only for their artistry and subject matter, but also for their (mis)treatment. In 1948, a neurosurgeon, claiming that the murals were distracting students' attention away from his lectures, had the murals plastered over with wallpaper and then shellacked. To add insult to injury, nails were driven through the murals to hang pictures of the faculty.

And despite protests from artists around the world, the murals stayed hidden until 1962. As a result, nearly half of the murals were destroyed. Fortunately, Zakheim's son was able to restore them, using his father's sketches and drawings as his guide.

Brown, a former assistant clinical professor at Langley Porter who retired in 1989, says he did not know much about the murals until he retired from UCSF. Now, as a city guide for the Friends of the San Francisco Library, he details the history of the murals and explains the symbolism in each of the panels on his tours.

The center pilasters in the back of Toland Hall served as Zakheim's starting point. The saga begins with a depiction of the Indians showing how medicine evolved in Southern California and left, depicting the same in Northern California, mostly through the experience of the San Francisco missions.

During the tour, Brown, along with Zakheim's daughter Marcia, who has written a book (as yet unpublished) about the murals, also discussed the art of creating frescoes. It's a tedious task, she says, because the plaster has to be a certain degree of moisture before a small brush can be used to work the paint into it. That's why Zakheim was only able to paint about two feet of the murals a day, taking two years to complete the project.

Marcia also relayed stories about how her father painted the faces of people he knew in the murals. For example, one panel depicts a patient being held down — the face is actually that of a Mr. Gilmore, the janitor at UCSF at the time, who would irritate Zakheim by making him lock up and stop working at night, even if he was in the middle of painting a panel and not ready to leave. Even Zakheim's family dog, Mr. McGillicutty, is featured in one of the panels.

Chauncey Leake, who founded the UCSF department of pharmacology, also made his way into the murals. Leake, who, Marcia says, her father considered the patron of the project for "nickel and diming the murals together," is shown plastering up holes to keep out rats, which carried the bubonic plague.

The murals will enter yet another chapter in history when the antiquated UC Hospital — which houses Toland Hall — is demolished. The murals, which were painted on removable panels, are assured preservation, according to the University's Long Range Development Plan. The University plans to "remove and preserve the Zakheim murals in Toland Hall and reuse them in a new building at Parnassus Heights."

This panel shows a famous San Francisco editor, James King of William, stretched out after he was shot. Physicians Hugh Toland, right, and Richard Beverly Cole, left, differed on how to treat the fatal wound. The incident set the stage for the state's first malpractice case, which ended with everyone being exonerated. After reconciling with Toland, Cole became the dean of Toland Medical College in 1870.

Photos by Lisa Cisneros

This panel shows Adolph Sutro holding up the original plans for the UC schools to be located on the land he donated to the University — now known as UCSF's Parnassus Heights campus. The original plan included schools for medicine, law, veterinary medicine, pharmacy and nursing. The law school, Hastings College of Law, remained downtown and the veterinary school was located in Davis.

Robert. Foothorap

Saluting sense and sensitivity

A team of San Francisco's Horace Mann Academic Middle School seventh-graders captured the first place award for their age group after teaching fifth-graders about the challenges faced by people with disabilities.

The winning team was among the 300 San Francisco Unified School District students who participated in the 11th annual Science and Health Lesson Plan Contest.

Sponsored by the UCSF Science and Health Education Partnership (SEP), the contest is designed to help students discover the fun in science by exploring a subject in depth, and then teaching it to classmates or younger students.

"The caliber of lessons in the recent contest was the best we've ever seen," says Liesl Chatman, SEP's executive director. "It's a really nice opportunity to give the kids some leadership experiences and that kind of responsibility."

The Science and Health Lesson Plan Contest was supported by the Herbert W. Boyer Fund, UCSF department of biochemistry and biophysics.

Led by SFUSD teacher John Rivera, pictured above, the winning team from Horace Mann Middle School, included Lora Albrecht, Mackenzie Oppenheim, Irene Deveyra and Kelly Allegretti.

Stroke victims often wait too long to seek help, experts say

By DIANA MARSZALEK

Though clot-busting drugs are available to treat strokes shortly after they occur, the majority of stroke victims do not seek the treatment they need to limit the extent of brain damage caused by strokes soon enough, UCSF Stanford Health Care experts say.

"The most common reason why people don't get treatment for strokes is that they don't call 911 immediately and ask for help," says neurologist Wade Smith, assistant director of the UCSF Stroke Service, part of UCSF Stanford Health Care.

In addition, not all hospitals have full-time staff with the expertise to administer the treatments. UCSF Medical Center, Stanford University Medical Center and San Francisco General Hospital are among a few Bay Area emergency medical centers equipped to administer the drugs 24 hours a day.

Though strokes hit suddenly, they are rarely painful, meaning people often wait to treat their symptoms in hopes they will go away. But people who don't seek immediate help by dialing 911 lose the option of treatments that could reduce the damage caused by stroke. That's because some treatments are effective only within three hours after stroke occurs, experts say.

Though relatively new, drugs that break up blood clots in the brain, which cause 75 percent of strokes, are widely available, says UCSF Stanford neurologist S. Claiborne Johnston.

One drug, called Tissue Plasminogen Activator, or TPA, has the potential to reduce significantly the severity of stroke symptoms if administered within three hours after strokes occur, Johnston says. Other drugs currently under study — including other clot-busting drugs and brain-protecting drugs that paramedics could administer — also offer promise, experts say.

In some cases, drugs such as TPA can make a big difference in a person's recovery, Johnston says.

For example, a 28-year-old San Franciscan suddenly lost his ability to speak clearly and stand on his own when he had a stroke while having lunch with a friend in March. He rushed to UCSF Medical Center, where he was treated immediately with a clot-busting drug called Urokinase.

Today, the man is walking well, has regained his ability to think clearly and is looking forward to going back to work as a consultant. Yet although he, and others like him, may be doing well, the clot-busting drugs are not widely used, Johnston says.

Many stroke victims simply wait too long to get treatment, even when they experience common stroke symptoms such as the sudden onset of weakness or numbness on one side, trouble speaking or understanding and balance problems, Johnston says.

That, Johnston says, is why it's essential that people learn to recognize the symptoms of a stroke, which is the third-biggest killer and the No. 1 cause of disability in the US. They also need to know where to get help should they need it.

Though more than 70 percent of stroke victims are age 65 and over, anyone, at any age, who experiences a sudden change in the ability to speak or think clearly, no matter how subtle, may have had a stroke. Stroke victims also may experience a sudden change in the ability to walk or use one-half of their body.

About 550,000 patients experience a stroke each year. But there are steps people at-risk for strokes can take to prevent them, Johnston says. Controlling high blood pressure is the single biggest step people can take to reduce the risk of stroke, he says.

Exercise also can be a key factor in decreasing the risk of stroke, even for stroke survivors who want to avoid another one, says Gregory W. Albers, a neurologist and director of the Stanford Stroke Center.

June 6–19, 1998

6 Saturday

COMMUNITY HEALTH EDUCATION WORKSHOP: The UCSF/Mount Zion Center on Aging Community Health Education series presents *Breaking the Silence: A Workshop for Women on Urinary Incontinence,* Laurel Heights Conference Center, 3333 California St. The workshop is free, but pre-registration is required as seating is limited. Call 750-5342.

LOW VISION FORUM: Roland Jung, senior optometrist, presents *Low Vision Forum,* 6 p.m., Beckman Vision Center, 8 Kirkham. Find out about low vision adaptive aids. Free. Call 626-5313.

7 Sunday

HEALTH SCREENINGS FOR VETERANS: Medical staff from the SF VAMC provide free health screenings for veterans at the Haight Street Fair, 11 a.m.-5:30 p.m., between Clayton and Ashbury streets. VA staff will also register eligible veterans for affordable health care and answer questions about other benefits.

8 Monday

FOR YOUR EYES ONLY: Douglas Holsclaw, assistant professor, ophthalmology, presents *Better Vision Now,* 6 p.m., Beckman Vision Center, 8 Kirkham. Learn new surgery options for the correction of nearsightedness and astigmatism, from laser surgery to corneal implants. Free. Call 476-5021.

9 Tuesday

NEW EMPLOYEE ORIENTATION: 8:30-10:30 a.m., S 163. Call Leonard Florendo in Human Resources at 476-1073 to schedule.

10 Wednesday

BLOOD DRIVE: Please come and donate blood at the UCSF Stanford Health Care blood drive, 10 a.m.-3 p.m., at Laurel Heights, 3333 California St., Chancellor's Conference Room. Donors can participate in a raffle drawing for a brunch for two at Baccarat Restaurant, compliments of Hotel Sofitel in Belmont.

BROWN BAG LECTURE: Russell K. Laros Jr., professor and Tekoa L. King, assistant professor, obstetrics, gynecology and reproductive sciences, present *Cyberparenting: Prenatal Education in the Age of Multimedia,* 12:10-1 p.m., HSW 300. Attend an interactive demonstration of new computer software developed to provide parents with extension information about their pregnancies. Sponsored by Public Service Programs. Call 476-4394.

11 Thursday

AIDS HEALH PROJECT OPEN HOUSE: See upcoming events.

12 Friday

WELLNESS LECTURE: Terry Savan presents *Exercise Your Options: Physical Exercise as Complementary Medicine,* noon, HSW 300. Learn how different types of exercise affect human bioenergetic systems and support health and healing. Sponsored by the Institute of Healing Arts & Sciences. Free. Call 584-4416.

15 Monday

FOR YOUR EYES ONLY: David Hwang, associate professor, ophthalmology and co-director, Cornea and Refractive Service at UCSF, presents *Better Vision Now,* 6 p.m., Beckman Vision Center, 8 Kirkham. See June 8 listing for more details.

16 Tuesday

BROWN BAG LECTURE: David M. Jablons, assistant professor in residence, surgery, presents *New Hope for Lung Cancer,* noon-1 p.m., UCSF Mount Zion Medical Center Herbst Hall. Learn about new advances on the horizon for the treatment and detection of lung cancer. Sponsored by Public Service Programs. Call 476-4394.

DISCUSSION & BOOK SIGNING: Nancy B. Kaltreider, director, program for women in the department of psychiatry and attending in the WomenCare Mental Health Clinic, and professor, clinical psychiatry, presents *To Love and to Work: Finding the Balance,* noon-1 p.m., HSW 303. Kaltreider will discuss the joys and challenges in fully investing in both relationship and career, which are described in the recently published book, "Dilemmas of a Double Life." She edited the book which includes contributions from many UCSF faculty. Kaltreider will conclude the program with a discussion period and book signing. Free. Sponsored by the Women's Resource Center. Call 476-5222.

CHILDREN'S TENNIS LESSONS: Millberry Fitness Center offers tennis classes for children, who will learn proper footwork, grips, balance and have fun through these group lessons. Session runs June 16-July 14, 4:30-6 p.m. Call 476-1115.

OUTDOORS UNLIMITED SALE: See upcoming events.

17 Wednesday

BROWN BAG LECTURE: Anthony M. Pogrel, chair and professor, oral maxillofacial surgery, presents *Facial Appearance: What is Normal? Who Says So?,* 12:10-1 p.m., HSW 300. What constitutes a normal appearance? How has this changed through the ages, and the role of various forms of surgeries to alter facial appearance. Sponsored by Public Service Programs. Call 476-4394.

STRESS MANAGEMENT WORKSHOP: Discover signs of stress, survival techniques to improve ability to cope and promote a sense of calm well-being. Free to Brown & Toland Health Net members.6-9 pm. Call 476-1115.

ADULT TENNIS LESSONS: Millberry Fitness Center offers tennis classes for adults, who will learn proper stroke mechanics, footwork, balance and grips as well as court positions and strategy. Through practice drills and actual game playing situations, participants will learn to improve their game and have a good time. Session runs June 17-July 15, 6-7:30 p.m. Call 476-1115.

18 Thursday

UC REGENTS MEET AT LAUREL HEIGHTS

TECHNOLOGY FAIR: Larry Blevins, CIO, UCSF Stanford Health Care, presents *Information Technology and the Academic Medical Center: A Futuristic View,* 8:30 a.m.-5 p.m., MU Conference Center. Open to all members of the campus community. Speakers will address topics such as use of UCSF equipment and resources and telecommuting at UCSF. A panel of users will discuss their experiences with the on-line financial system. Throughout the day, attendees will have the opportunity to talk to hardware, software and service vendors. For more information, contact Karen Mah-Hing at 476-1137 or email mahhing@itsa.ucsf.edu. Sponsored by the Academic Business Officers Group.

BROWN BAG LECTURE: Alexandra Campe, staff and compensation analyst, human resources, presents *Resume Writing in the '90s,* noon-12:30 p.m., MCB, 6th Floor, Board Room. This hands-on workshop will help prepare job seekers for today's competitive job market. Sponsored by Public Service Programs. Call 476-4394.

19 Friday

REGENTS MEET AT LAUREL HEIGHTS

JUNETEENTH CELEBRATION: A good excuse to hear the Gospel Choir at UCSF perform at the Mission Center Building at noon. For other Arts & Performances events, please check out the website at www.ArtsPerf.ucsf.edu and click on Arts & Performances or call, 476-6932.

BIOLOGY SYMPOSIUM: The program in developmental biology starts at 9:45 a.m. and will continue throughout the day, N 225. This event, organized by the program's graduate students and postdoctoral fellows, will feature seminars related to the topic of Morphogenesis and Cell Movement. Speakers and titles include Denise Montell (Johns Hopkins University), *Molecular Genetics of Border Cell Migrationi*; Gian Garriga (UC Berkeley), *Guidance of Cell and Growth Cone Migrations along the C Elegans A/P Aix;* Stephen Cohen (European Molecular Biology Laboratory, Heidelberg), *Aix Formation in Drosophila Limb Development;* David Raible (University of Washington), *Cell Fate Specification in Zebrafish Neural Crest*; and Elizabeth Robertson (Harvard University), *TGF-B signalling Pathways and Patterning of the Early Mouse Embyro.* Generous support for this event is provided by the UCSF Program in Developmental Biology, Excelixi Pharmaceuticals and Genentech. For more information, contact Caroline Murphy at 476-2699.

WELLNESS LECTURE: Sperry Andrews, director, Human Connection Institute, presents *Find the Role of Attention in Healing,* noon, HSW 300. Hear how in sharing awareness, it affects healing, both psychological and physical, in any type of collaborative activity. Sponsored by the Institute of Healing Arts & Sciences. Call 584-4416.

UPCOMING EVENTS

Dracup to deliver Nahm lecture this morning

An internationally known expert on the effects of heart disease on patients' spouses will discuss the role spouses play in their mates' recoveries at UCSF School of Nursing's 18th Helen Nahm Research Lecture today, June 5, at 10 a.m. in room N 225.

A UCSF School of Nursing alumna, Kathleen Dracup is currently a UCLA School of Nursing professor and chair of the school's Acute Care Section. During her 30-year career, Dracup has researched the needs of spouses of patients with terminal heart disease.

AIDS Health Project hosts center dedication

The AIDS Health Project (AHP) is hosting a dedication and grand opening of its new services center, on Thursday, June 11, from 6 to 7 p.m., at 1930 Market St., San Francisco.

The celebration will recognize the exceptional generosity to AHP's first large-scale fundraising campaign, "Building Hope: Facing the Future Together," which raised money to renovate the facility, formerly the UC Berkeley Extension Center Market Street annex.

AHP's programs include: offering free HIV antibody testing and counseling, using proven educational materials and methods to prevent the spread of HIV and offering support groups for patients and caregivers.

A non-profit agency operating within the department of psychiatry of UCSF, AHP finances its programs through a combination of federal, state and local contracts, grants from foundations and private contributions.

For more information on the event, call 502-5859.

OU sells discounted camping equipment

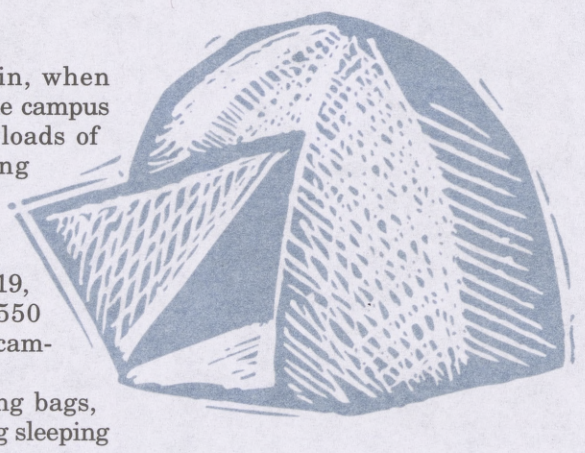
It's that time of year again, when Outdoors Unlimited offers the campus community big savings on loads of camping and adventuring equipment. The Annual Summer Equipment Sale will be held Tuesday through Friday, June 16 to 19, at the OU headquarters, 550 Parnassus Ave., under the campus library.

OU will be selling sleeping bags, backpacks, tents, self-inflating sleeping pads, one and two burner stoves, lanterns, wetsuits, dry suits, paddling jackets, booties and more.

Here are the sale times and discounts offered:

- June 16, 5 to 9 p.m., get 40 percent off local retail;
- June 17, 11:30 a.m. to 8 p.m., get 40 percent off local retail;
- June 18, Thursday 5 to 8 p.m., get 50 percent off local retail;
- June 19, Friday, 11:30 a.m. to 1:30 & 5 to 8 p.m., get 60 percent off local retail.

For more information, call OU at 476-2078.



Sexual harassment prevention workshop

The Office of Sexual Harassment Prevention and Resolution will conduct briefings for managers on Thursday July 16, from 10 a.m. to noon, S 168, on how to handle sexual harassment issues.

Participants will learn with vignettes, scenarios and examples drawn from campus experiences. This workshop promises to be informative and useful for new or current managers interested in updating their knowledge of the campus policy and procedures. A second session will be offered September 15. Seating is limited. To reserve a spot, call Charleane Williams at 476-5186 or visit the website at www.oshpr.ucsf.edu.

Register for AIDS Walk

UCSF and UCSF Stanford Health Care employees are encouraged to participate in the San Francisco AIDS Walk slated for Sunday, July 19.

The annual event will benefit Bay Area AIDS organizations, including the AIDS Community Research Consortium and the UCSF AIDS Health Project.

UCSF will again serve as co-chair of Northern California's largest AIDS fundraiser with Martha Geraty as this year's team leader. Geraty is hoping to surpass last year's event, which brought about 700 UCSF team members to Golden Gate Park.

For more information on UCSF and UCSF Stanford's participation, call Geraty of UCSF Public Service Programs at 476-4394. For general information about the walk, call 392-WALK or visit the website at (http://www.bonsai.com/aidswalksf/).